			lifies as a multicandidate committee.	ERATIONS CENTER	R	
(a	a) NAME OF C	OMMITTEE IN FULL				
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(b)		Street Address		2. FEC IDENTIFICATION	NUMBER	
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(c)	) City, State an	d ZIP Code		3. TYPE OF COMMITTEE	= (cneck one)	
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е	rtify that o	ne of the following situation	is is correct (complete line 4 or 5)			
•	on affiliation	and simu	mmittee submitted its Statement ( Itaneously qualified as a multican	of Organization (FEC didate committee thr	CFORM 1 ough its	
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